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**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE
PATENT APPLICATION**

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Applicant(s): **Ashok V. Krishnamoorthy**
Case: **Krishnamoorthy 32**
Serial No.: **09/450,054** Filed: **Nov 29, 1999**
Examiner: **Cornelius H. Jackson** Group Art Unit: **2828**
Title: **POWER DISTRIBUTION NETWORK FOR OPTOELECTRONIC
CIRCUITS**

RESPONSE

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

In response to the Final Office Action (Paper No. 16) mailed November 19, 2003, please amend the above-identified patent application as follows:

TELEFAX COVER SHEET

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TO: Commissioner of Patents
FAX NO.: 703-872-9306
FROM: Eamon J. Wall/TV
DATE: January 15, 2004
MATTER: Serial No. 09/450,054 Filed: 11/29/99
DOCKET NO.: Krishnamoorthy 32
APPLICANT: Krishnamoorthy

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<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal Letter (2 copies)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/450,054
	Filing Date	11/29/00
	First Named Inventor	Krishnamoorthy
	Group Art Unit	2828
	Examiner Name	Cornelius H. Jackson
Total Number of Pages in This Submission	Attorney Docket Number	Krishnamoorthy 32

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final — 18 pages <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eamon J. Wall Moser, Patterson & Sheridan, LLP
Signature	<i>EJ Wall</i>
Date	1/15/04

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Typed or printed name	<i>P. W. Wilson</i>		
Signature	<i>P. W. Wilson</i>	Date	1-15-04

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